

Santa Barbara County Schools - Self-Insured Program for Employees (SIPE)

Employee's and Supervisor's Incident Report

(Please print clearly)

Employee Name _____ District LUSD Site _____

Date of injury/illness _____ Job Title _____

Brief description of injury or exposure (sprain, fracture, skin rash, etc.) _____

Supervisor's Review

(Please investigate causal factors to prevent re-occurrence.)

What was the employee doing when injured or exposed? _____

Object or substance that directly injured or exposed employee _____

Was employee able to work after injury or exposure? Yes No Time and date last worked _____

Has employee returned to work? Yes No Date returned _____

Have you obtained information regarding the injury or exposure from witnesses? Yes No

Was there a safety hazard involved in this incident? Yes No

Has the safety hazard or unsafe condition been corrected? Yes No

If yes, explain action taken. _____

How could injury or exposure have been prevented? _____

What action have you taken to prevent reoccurrence? _____

Supervisor's Name (Print) _____ Phone number _____

Supervisor's Signature _____ Date _____

Safety Committee Review

Factors causing or contributing to this injury or exposure? _____

This injury or exposure was preventable non-preventable

Rationale/Comments: _____

Safety Director _____ Date _____

District Safety Committee Review _____ Date _____